



**Report to the Legislature**

**Workplace Safety in State Hospitals**

Chapter 187, Laws of 2005, Section 1

September 2011

Department of Social & Health Services

Aging and Disability Services Administration

Division of State Hospitals

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## BACKGROUND

Chapter 72.23 RCW requires each state hospital to develop a plan to reasonably prevent and protect their employees from violence at those hospitals, and directs the Department of Social and Health Services (DSHS) to provide an annual report to the legislature on efforts to reduce violence in the hospitals.

Specific statutory language states:

### **RCW 72.23.400(1) (4) – Workplace safety plan**

- (1) By November 1, 2000, each state hospital shall develop a plan for implementation by January 1, 2001 to reasonably prevent and protect employees from violence at the state hospital. The plan shall be developed with input from the state hospital's safety committee, which includes representation from management, unions, nursing, psychiatry and key function staff as appropriate. The plan shall address security considerations related to the following items:
  - (a) The physical attributes of the state hospital;
  - (b) Staffing, including security staffing;
  - (c) Personnel policies;
  - (d) First aid and emergency procedures;
  - (e) Reporting violent acts, taking appropriate action in response to violent acts, and follow-up procedures after violent acts;
  - (f) Development of criteria for determining and reporting verbal threats;
  - (g) Employee education and training; and
  - (h) Clinical and patient policies and procedures.
- (2) Before the development of the plan required under subsection (1) of this section, each state hospital shall conduct a security and safety assessment to identify existing or potential hazards for violence and determine the appropriate preventive action to be taken. The assessment shall include, but is not limited to, analysis of data on violence and worker's compensation claims during at least the preceding year, input from staff and patients such as surveys, and information relevant to subsection (1)(a) through (h) of this section.
- (3) In developing the plan required by subsection (1) of this section, the state hospital may consider any guidelines on violence in the workplace or in the state hospital issued by the department of health, the department of social and health services, the department of labor and industries, the federal occupational safety and health administration, Medicare, and state hospital accrediting organizations.
- (4) The plan must be evaluated, reviewed, and amended as necessary, at least annually.

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### **RCW 72.23.451 – Annual report to the Legislature**

By September 1<sup>st</sup> each year, the department shall report to the House Committee on Commerce and Labor and the Senate Committee on Commerce and Trade, or successor committees, on the department's efforts to reduce violence in state hospitals.

## **OVERVIEW**

This report includes activities related to the three state psychiatric hospitals as follows:

Western State Hospital: located in Lakewood, Washington, has a capacity of 806 beds;

Eastern State Hospital: located in Medical Lake, Washington, has a capacity of 287 beds;

Child Study and Treatment Center: located on the grounds of Western State Hospital in Lakewood, has a capacity of 47 beds.

The Report updates last year's report by adding data for June 2010 through April 2011.

Initial workplace safety plans from the three state hospitals were submitted to the legislature in November 2000 and have been evaluated, revised and updated at least annually. These plans provide a safety assessment, detailed security activities undertaken, and also identify further plans of action. These plans are available for review upon request.

Creating a safe working environment in state hospitals remains a top priority for the Governor's office, the Department of Social and Health Services the Department of Labor and Industries (L&I), leadership of all three state hospitals, Western State Hospital (WSH), Eastern State Hospital (ESH) and Child Study & Treatment Center (CSTC) and local labor unions.

Implementing a Continuous Quality Improvement Plan (CQI Plan) is a top priority for DSHS leadership including implementation of a strategic plan to improve risk management outcomes related to state hospitals. Strategies are being implemented to improve patient care, quality management, data management and workplace safety, as well as increased individualized treatment planning, active psychosocial rehabilitation treatment and training, monitoring and adequate staffing. Under the leadership of the Director of State Hospitals, each hospital is implementing strategies to improve care and services, and ultimately safety, as part of their individual Continuous Quality Improvement Plans.

While safety programs at all three hospitals are a priority and funded within current resources, recent legislative decisions to cut administration and FTE's to backfill for staff

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on light duty Return to Work programs (RTW) or safety training may have created challenges for maintaining past gains. Further funding cuts may increase the difficulties for maintaining improvements to the state hospital safety programs.

The Return to Work program provides employees, who have either an occupational injury or illness and are unable to return to full regular duties immediately, with a safe, timely transition back to work with modified duties based on medical restrictions until medically released to full duties. The program involves monitoring an injured employee's progress and identifying temporary modified duties that are suited to physical capacity guidelines established by the designated physician or medical provider.

The goal of the state hospital return to work program is to reduce the cost of Labor and Industry (L&I) premiums for the state hospitals and reduce costs for L&I compensation for injuries. Premiums are determined by L&I on a three year rolling average and based on the combined performance of all DSHS institutional staffs. The state hospitals are currently paying premiums based on the cost of claims for all DSHS institutions for 7/1/2007 through 6/30/2010. Full impact of cost savings due to RTW state hospital programs is not expected until 2012 or 2013 and will be influenced by the performance of other DSHS institutions.

Safety programs, other than increased challenges related to back filling for staff on light duty or attending safety training, remain intact at all three hospitals.

### **Summary**

The state hospitals continue to collaborate on several projects:

- Workplace Safety Initiatives
- Reduction of Seclusion and Restraint Initiatives
- Standardized policies and procedures for adult Forensic programs

The state hospitals are planning to collaborate on new projects:

- Evidenced Based Practice treatment interventions both for medication management and psychotherapy intervention (Cognitive Behavior Training and Dialectical Behavior Training)
- Creating a Smoke-Free Campus
- Participating with L&I's SHARP program in a research project through an approved grant to assist the hospitals with workplace violence prevention.

Implementation of new initiatives – positive results

- Development of a new ESH policy and procedure to reduce Seclusion & Restraint implemented 02/03/10. Seclusion/restraint has been reduced by 90% since implementation.
- WSH has had six consecutive months of reduced use of seclusion and restraint.

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- Over last year, WSH has maintained seclusion and restraint use at or near the national average.

### **Challenges**

- Recent Budget reductions make maintaining past gains a challenge. At WSH, Return to Work FTE's provide injured staff a funded, light duty position, to return to on a temporary basis as prescribed by their healthcare provider. The positions also allow for current positions to participate in safety training without impact to patient care by assigning a Return to Work FTE to backfill during training. While all three hospitals are struggling, Western data indicate a loss to past gains in the ratio of compensable vs. non-compensable assault claims and an increase in the number of days missed from work due to an assault. ESH has maintained a dynamic Return to Work program offering Transitional Return to Work utilizing existing funded positions while backfilling critical positions during an injured worker's recovery. The current economic climate will impact ESH's ability to maintain its program at the current level resulting in increased time loss.

## **Child Study & Treatment Center**

### **CSTC Summary of Accomplishments**

- Principles of an Effective Treatment Milieu  
CSTC has developed into a nationally recognized model of a successful public sector-academic (University of Washington) mental health collaboration. CSTC provides state of the art care for the most psychiatrically complex youth in Washington State. Our professional staff is involved in clinical and translational research and is active nationally in developing standard of care guidelines and practices for diagnosing and treating youth with serious emotional disturbances.

In 2010 CSTC developed a treatment manual that works to translate this knowledge into day to day treatment strategies. Principles of an Effective Treatment Milieu describes how nursing and counseling staff can utilize evidenced based treatments in every interaction with children and youth. The manual describes the elements of an effective treatment milieu and describes the foundational knowledge necessary for treatment teams to more quickly implement individualized behavior support plans for youth displaying disruptive behaviors. In 2011 CSTC continued to emphasize initial and ongoing training to the treatment strategies. In addition, treatment teams utilize the model when reviewing patient interactions and challenging situations during weekly team meetings.

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- Staffing patterns / reducing vacancies

An emphasis on maintaining stable treatment teams began in 2010 with a focus of reducing the number and duration of vacant positions. This has remained a priority into 2011. The current economic situation has reduced the overall turnover rate; however, with continued budget reductions and closures of institutions, CSTC is working to manage the introduction of new employees coming onto our treatment teams from other areas of DSHS. Although different from the vacancy issue experienced last year, the focus is on the stability of shift teams to work most effectively.

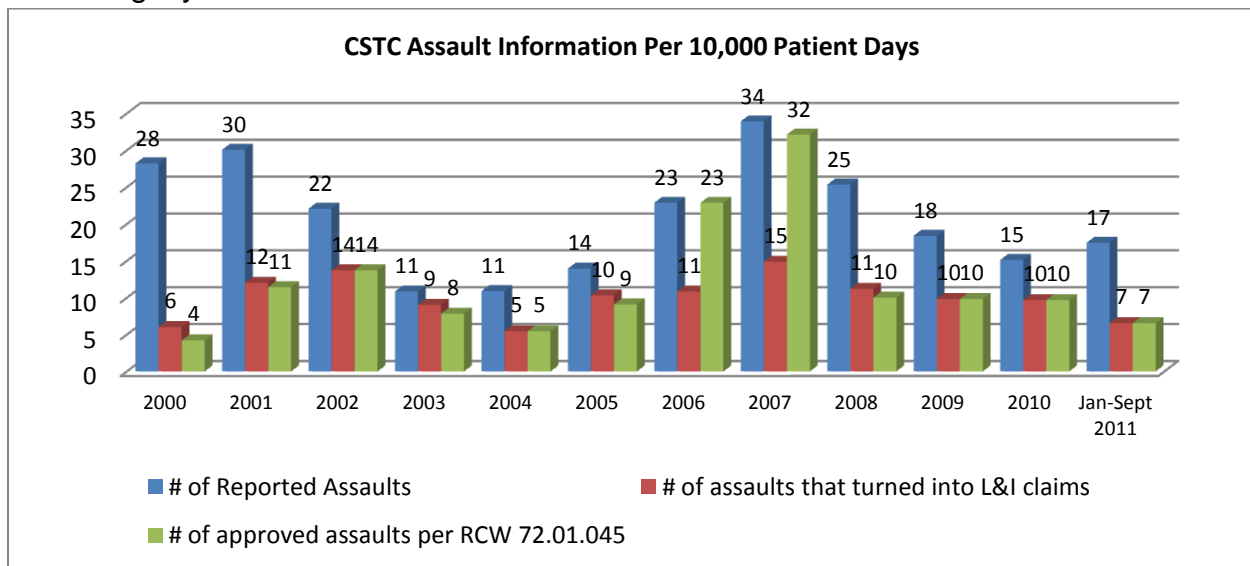
### CSTC Continued Challenges

- Stress in the workplace continues to be a challenge at CSTC. The recent economic issues in the state have resulted in budget cuts at all state institutions. In anticipation of budget cuts the hospital held positions open until budget decisions were made. This resulted in fewer clinical services available placing increased demand on the other clinical and milieu programming. Every decision made to respond to budget cuts protected the safety of patients and staff.

### CSTC Data Summary

Number of Reported Assaults, Assaults that turned into L&I claims and approved assaults Per 10,000 Patient Days

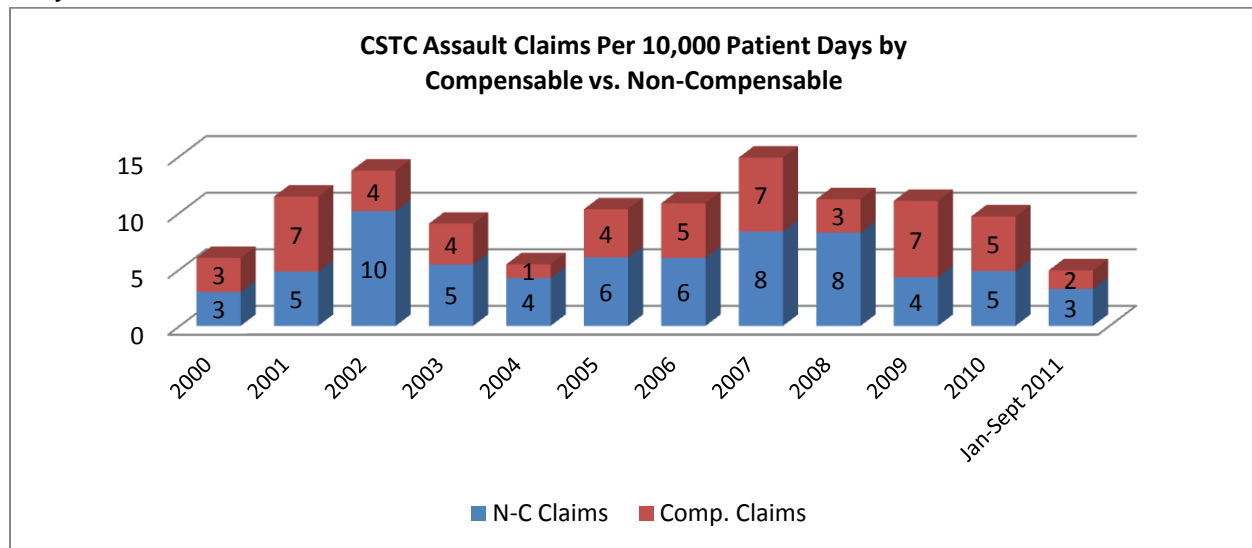
The rate of reported assaults shows a slight increase during the first 9 months of 2011. However, the rate of reported assaults that turned into L&I claims is slightly lower.



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### Compensable vs. Non-Compensable Assault Claims

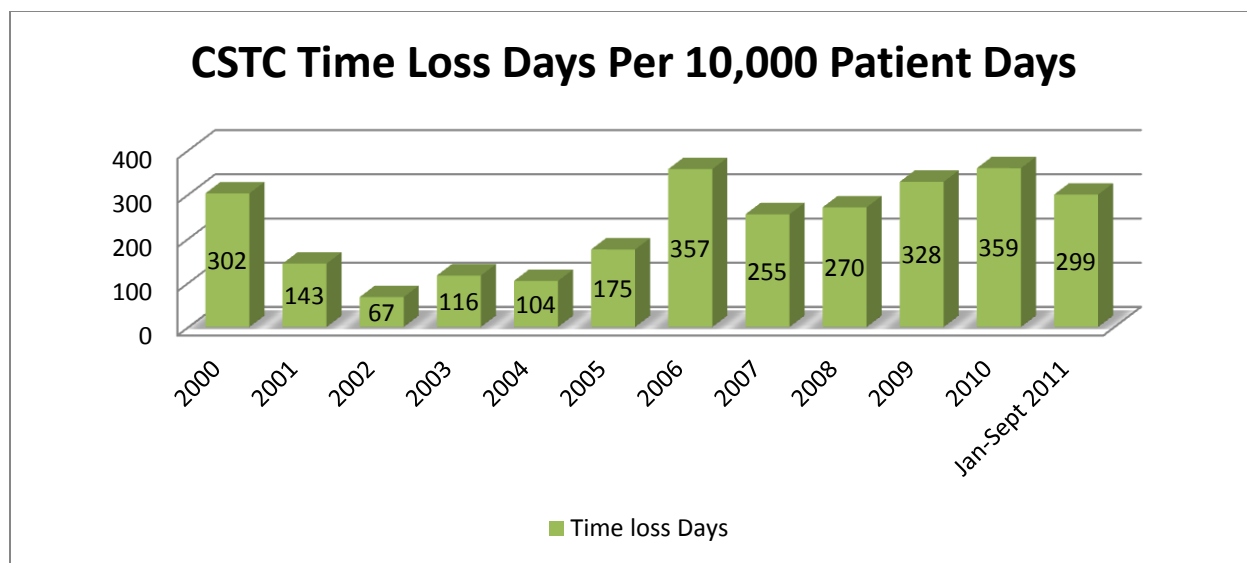
CSTC monitors the severity of employee assault injuries based on the proportion of Compensable claims to Non-Compensable claims. The past two years, the number of Compensable claims (representing a more serious injury) was either greater or equal to the number of Non-Compensable Claims. During the first 9 months of 2011, the rate of Compensable Claims is less than the rate of Non-Compensable. Additionally, the overall rate of Assault claims is less than it has been in the past 7 years.



### Time Loss Days

The number of Time Loss Days per 10,000 patient days is slightly less than the past two years. In January 2011 there were 4 employees on Time Loss due to an Assault Claim. By March 2011, only 1 remained out and was the only employee accounting for Time Loss Days from Mar – September 2011.





## Eastern State Hospital

### Summary of Accomplishments

#### **Projects:**

- A Capital Programs project was requested, funded and is currently underway for installation of anti-suicide hardware (door handles, closet rods, grab bars, mirrors) hospital-wide.
- An upgraded walk-through metal detector was installed on the Forensic Services Unit; December, 2010.
- A Capital Programs project to update the fire alarm systems in both the Activity Therapy building and Therapy Pool was completed.
- Required licensing in addition to new radios and base stations were purchased to comply with the FCC narrow banding requirements; December, 2010.
- A Capital Programs project was requested and funded for replacement of the Westlake emergency generator. Final completion June 30, 2011.
- The Westlake building interior lighting improvement project was completed April, 2010.

#### **Performance Improvement Activities:**

- A policy and procedure for "Maintenance of Exits" was developed to clarify and establish proper procedure for equipment use in hallways that provide an unobstructed means of exit egress in corridors for patients, visitors and staff leaving the building under emergency conditions. Compliance is monitored daily by area/department supervisors in addition to routine Environmental Surveys and reported quarterly to the Safety Committee and Governing Body.

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- Additional patrols by Security staff of identified areas have been completed to reduce or eliminate trespassing and trends reported quarterly to the Safety Committee and Governing Body. .
- The Emergency Management Plan was revised and staff training completed to ensure compliance with the new 2009 Joint Commission standards utilizing the Federal Emergency Management (FEMA) Healthcare Incident Command System (HICS and integrated with the Spokane County Emergency Response Plan.
- Training for nursing staff on all shifts has been completed and the Paraslydes (emergency evacuation equipment for mobility impaired patients) are in place on all wards. A disaster drill was completed August, 2011 to apply the use of Paraslyde equipment in an emergency situation to evaluate effectiveness.
- The Medical Equipment Management Plan Failure Mode Effect and Analysis (FMEA) was completed in 2009 and a Plan for Improvement developed to improve processes; July, 2010. Training completed and process changes implemented; January, 2011.
- Nursing leadership members attended the annual American Association of Suicidology conference to gain additional information and insight in order to improve efforts in reducing patient suicide attempts.
- All Registered Nurses were provided training on Building Environments of Healing and Recovery to reduce Seclusion/Restraint.
- Mental Health First Aid is being offered on a routine basis to all staff for recognition of early warning signs of patient agitation and interventions for de-escalation to reduce Seclusion/Restraint and/or patient to patient and patient to staff assault.
- Ten clinical staff completed Critical Incident Stress Management (CISM) training conducted by the International Critical Incident Stress Foundation to rejuvenate the ESH team which is part of the ESH emergency response plan.
- Continuous recruitment of Emergency Protective Equipment Response Team (EPERT) members is occurring on a scheduled basis to ensure the pool of members does not fall below target numbers. Additional equipment has been ordered for new team members and training is scheduled with the Department of Corrections trainers including a train-the-trainer session. Training completed; September 14, 2011. On-going training will be conducted by ESH Educational Services' staff on a quarterly basis and include a competency checklist.
- Performance improvement activities and action plans were developed as a result of meetings between management and union members. These activities include but not limited to:
  - Tracking calls made to staff for overtime availability.
  - Utilize current technology to contact staff to find sufficient employees to work the next or future shift(s).
  - The overtime availability form has been revised to include employee cell phone number and email address. Employees are encouraged to complete the form to indicate their availability.
  - Recruitment activities are targeting night shift. Nursing management has worked closely with HR to expedite the hiring process and is working with

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Educational Services in Quality Management to condense orientation and have designated nursing preceptors for RNs for real time hiring.

- When Nursing Leadership determines the post needs to be adjusted, whenever possible, vacant positions will be moved. Those positions will be filled utilizing the existing processes for any vacant position.

### **Future Planning:**

- Additional training for all clinical staff is being developed regarding suicide prevention. The training will focus on interrelations of trauma, environmental risks, and building a therapeutic relationship.
- Additional training is being developed for all clinical staff regarding Trauma Informed Care, Milieu Management, and safe use of Seclusion and Restraints.
- A new procedure is being developed focusing on Hand Off communication to improve the communication between shifts and disciplines regarding high risk patients that may pose a safety concern either to themselves and/or others. Training will be conducted on the principles of Hand Off communication.
- Therapeutic Options, training program to teach staff how to respond to and reduce aggressive/assaultive behavior in a safe and therapeutic manner, were re-certified; 6.21.11.

### **Risk Assessments:**

- An annual Proactive Environmental Risk Assessment has been initiated and is targeted for completion November, 2011 to identify safety and security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. These risks have been prioritized utilizing a 5-point scale and include recommendations for improvement.
- The Hazard Vulnerability Analysis (HVA) was reviewed with the Safety Committee August, 2011 and results used for future Emergency Management response and recovery planning.
- A statewide Employee Safety Survey was conducted. This survey covered a diverse number of questions related to safety as well as asking that respondents submit their ideas, recommendations and suggestions to help improve their workplace safety program. Results specific to Eastern State Hospital have been received and a Plan for Improvement will be developed and submitted to the Safety & Executive committee for final approval.

### **Workgroups:**

- The Safety Officer and Infection Control Coordinator actively participated in the Region 9 Healthcare Coalition sub-committee workgroup to develop a regional mental health disaster response plan. This plan has been completed and

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activated as part of a coalition functional drill, April, 2011, to evaluate effectiveness.

### Challenges

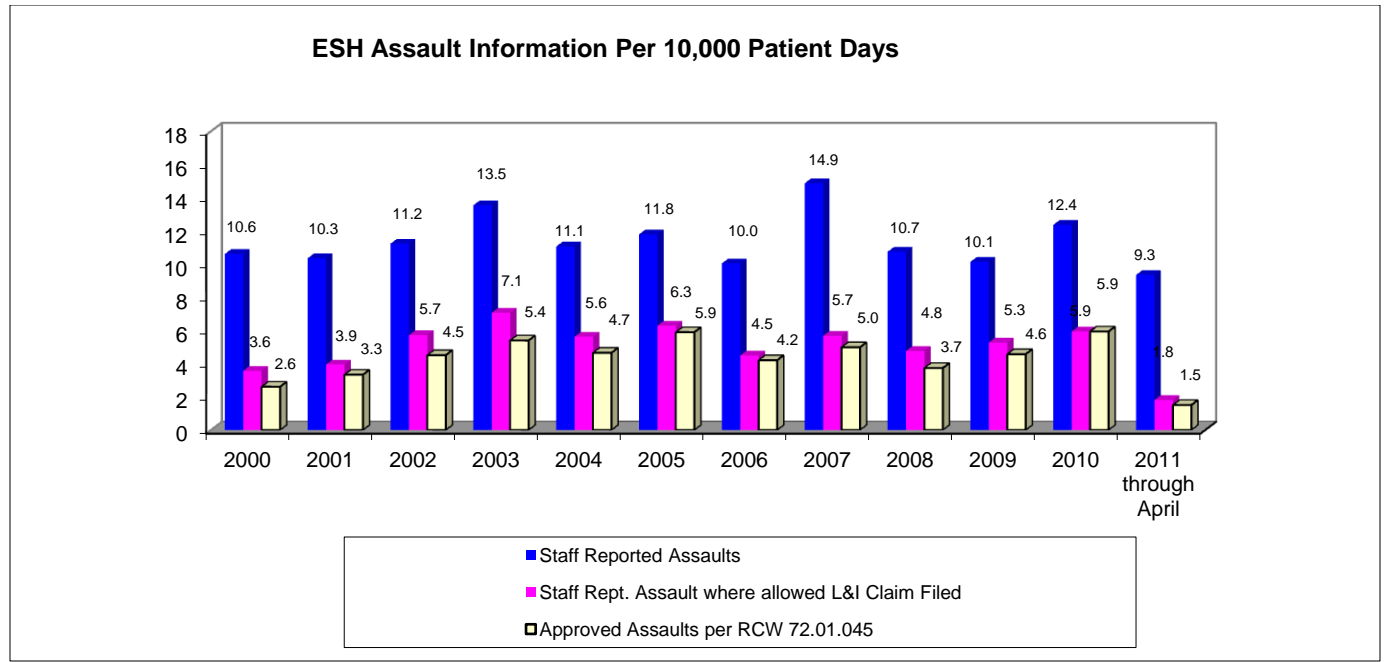
- There is currently one Security Guard on duty for both the afternoon and night shift due to lack of funding for additional positions. This reduces Security's ability to respond to emergencies and unauthorized leaves, monitor the campus for trespassing, unsecured doors, etc.
- Maintaining current level of Transitional Return to Work opportunities.
- Weighing purchases of safety equipment against purchases for direct care needs.

### ESH Data Summary

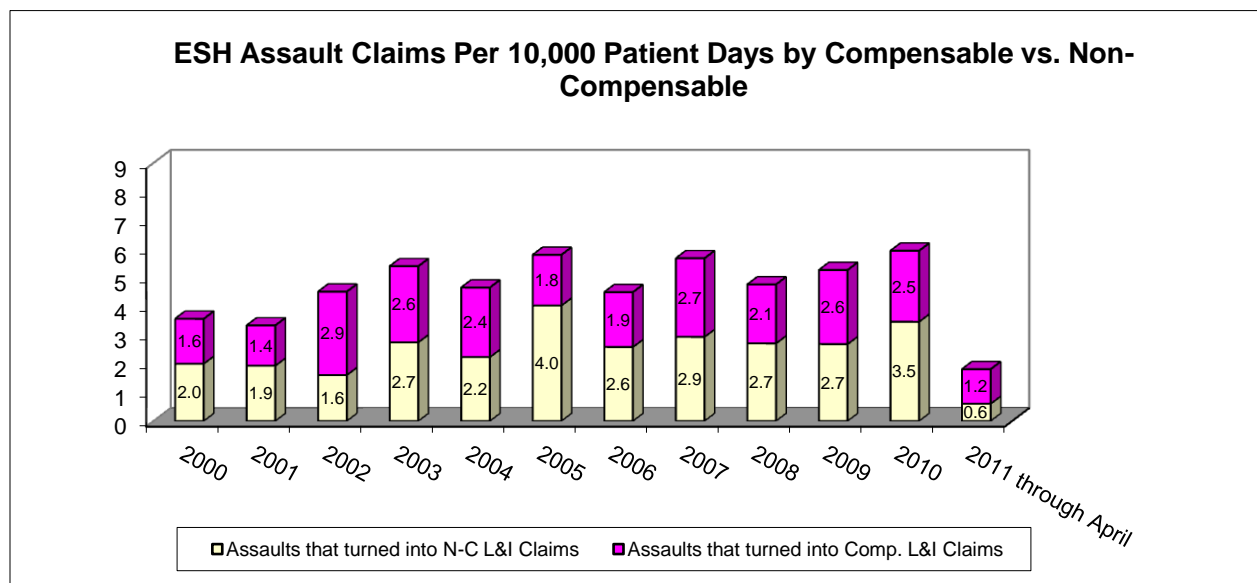
**Important Data Notes pertaining to this report:** This report continues to use RCW 72.01.045 to define assaults and represents assaults per 10,000 bed days for all three hospitals. The data in this report is consistent with prior year Workplace Safety reporting with the exception of time loss days. Cumulative time loss for ESH incidents that occurs in a subsequent year is now being reported in the data for the year the time loss is **accrued** instead of the year the injury **occurred** to be consistent with WSH and CSTC reports. Due to the change in ESH time loss reporting, time loss comparisons to previous years cannot be made in this year's report. The summary provided for "time loss days due to assault" is specific only to injuries occurring within each year.

**Staff Reported Assault Information:** At ESH, data indicates that 2010 had a higher staff reported assault rate than in 2009 from 10.1 to 12.4. This trend appears to be declining in the early 2011 data for reported assaults as well as assaults that turned into L&I claims and approved assaults. Thirty-four percent (507 days) of the total time loss in 2010 was due to three incidents where staff was ineligible for Transitional Return to Work as they were non-permanent employees.

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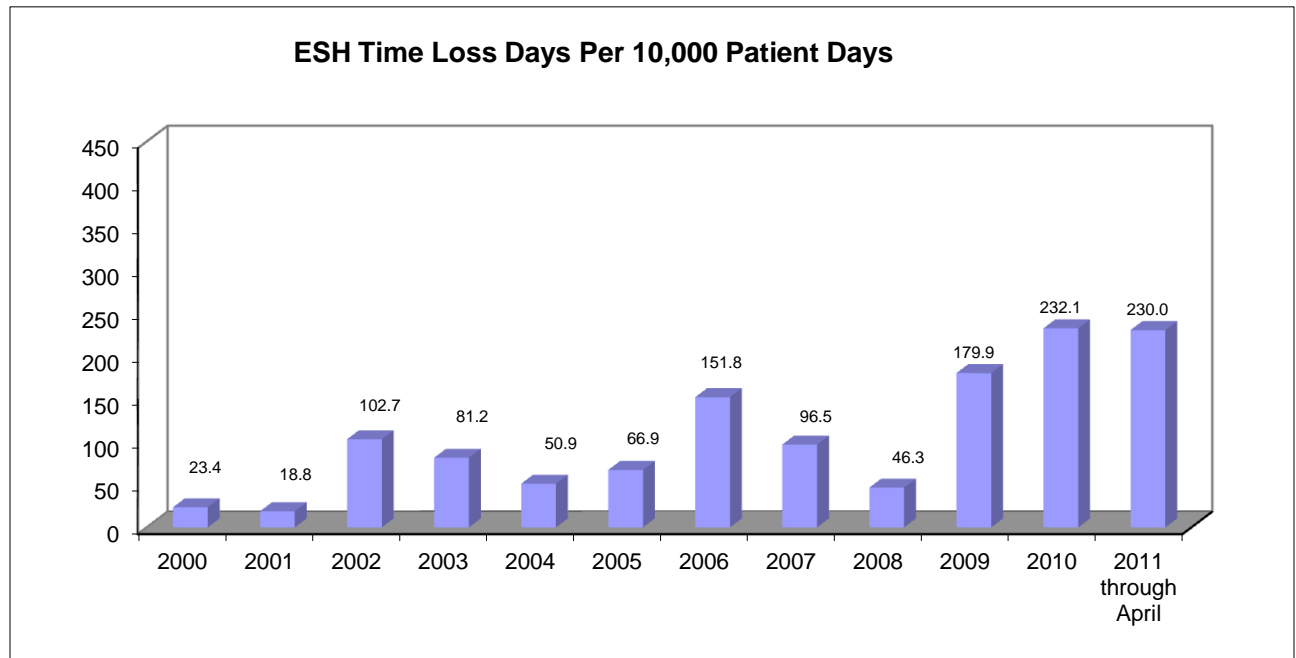


**Compensable VS Non-Compensable Assault Claims:** At ESH, the annual data through April 2011 shows that there is an increase in the rate of non-compensable claims and a slight decrease in the rate of compensable claims. The ratio of compensable to non-compensable claims remains steady with non-compensable claims accounting for approximately fifty-eight percent of the total claims. The increase in non-compensable claims is an indicator of ESH's effective Transitional -Return-to-Work Program.



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**Time Loss Days Due to Assault:** As stated in the “Staff Reported Assault Information”, 34% (507 days) of the 2010 time loss was due to staff being ineligible for Transitional Return- to- Work as the staff was non-permanent employees. Time loss due to “staff reported as assault” incidents *by location* in 2010 indicates 29% (446 days) of total time loss was the result of assaults that occurred on a single civil commitment ward across both day and evening shifts. Twenty-one percent (318 days) of the total time loss was the result of assaults that occurred on another civil commitment; the majority of which occurred on the evening shift. Time loss due to “staff reported as assault” incidents *by shift* through April, 2011 shows 58% (875 days) of the total time loss were the result of incidents that occurred during evening shift. Thirty-eight percent, 352 days of the 875, were the result of ESH staff being ineligible for Transitional Return- to- Work as the staff was non-permanent employees.



## Western State Hospital

### Summary of accomplishments

Continuous quality improvement efforts to advance workplace safety, including joint labor and management partnerships in reviewing and evaluating injury incidents, patterns and trends; and debriefing and consulting with direct treatment staff who work with challenging patients; receiving ongoing consultation with Department of Corrections staff to strengthen security and safety within the Forensic Unit; and implementing strategies that employ the use of evidence-based practices for maintaining a safe clinical environment.

### **Projects:**

- To improve daily therapeutic interactions, all nursing staff were trained on the function of aggressive behavior (psychotic, instrumental, impulsive) and methods to engage patients to meet release criteria for seclusion and restraint
- Improved individualized treatment in the form of early and appropriate response to escalating patient behaviors.
- Clinical leaders meet every morning to review clinical reports from the last twenty-four hours. For patients with violent episodes resulting in seclusion or restraint, the patient and treatment team is visited on the ward or an intensive case staffing is scheduled to determine if additional treatment strategies can benefit the patient.
- 
- Implemented a behavioral consultation team led by the Medical Director and Psychology Supervisor and staffed with expert psychologists to provide consultation to treatment teams for challenging patients
- Debriefing all series incidents to determine precipitating factors, learn from our responses, celebrate and share successes and change practice as needed
- Intensive administrative focus on a reducing use of seclusion and restraint. (Performing a 'carry down' during a restraint is one of the top 3 causes of WSH employee injuries).

### **Performance Improvement Activities:**

- The closure of wards has facilitated experienced employees moving into vacant position resulting in: the remaining wards being fully staffed; less use of 'pulled' staff to fill staffing needs; staff being able to work on their home wards with the patients they know and who know them; no compromising of patient to staff ratios
- Ninety-five percent of staff completed an online training on safety practices and the revisions to the hospital's Comprehensive Emergency Management Plan.
- 2054 safety trainings. Ongoing training for staff on managing patients who may be assaultive, including training on the function and management of aggressive behavior, its antecedents and triggers (as conducted by the SAFE [Safe

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Alternatives for Everyone] Team, comprising staff of various disciplines at WSH, of whom each is recognized by patients and peers for their leadership)

- During the course of FY 2011, WSH reduced the use of overtime for nursing staff and saved nearly \$600,000. This accomplishment resulted from combined attention and energy of nursing administration, hospital leadership and the Information Technology Department, who created an electronic system for monitoring and implementing overtime use. Studies have shown that people who routinely work over forty hours are fatigued and have impaired judgment and thinking, which translates into medical errors and patient and staff harm in the hospital setting.
- Developed an electronic over-time request system to evenly distribute use of overtime among staff thus minimizing burn-out
- Supported the Nursing Union's positive recommendation for implementing furloughs with nurses. At the institutions, Registered Nurses chose to have four of their ten furlough days be a loss of holiday pay so as to not compromise patient care. This minimized the impact of nursing care related to budgeted furlough reductions.
- The SAFE Team and SAFE Team training has continued to grow and strengthen, as recommended by SHARP study. A multitude of trainings have been offered that cover the spectrum of violence prevention. For example, 721 employees were trained on the SAFE Team Module "Understanding Behavior"; 451 employees were trained in "Safety Movements and Mechanics" Module; 662 employees had their bi-annual competency assessment related to use of restraints. Behavioral crisis drills were also implemented. These are just some of the trainings provided in fiscal year 2011. Approximately 22 new SAFE Team members were nominated and indoctrinated into the WSH SAFE Team in 2010. They were provided a 40-hour training curriculum to prepare them for the role of SAFE Team member. New nursing employees receive three weeks of initial orientation training prior to being assigned to patient care. During orientation, mentors are assigned by the nursing supervisor so that experienced nursing staff can provide side-by-side mentoring upon assignment to a ward.
- WSH has had six consecutive months of reduced use of seclusion and restraint.
- Over last year, the hospital has maintained seclusion and restraint use at or near the national average.
- 683 staff trained in seclusion and restraint competencies.
- A statewide Employee Safety Survey was conducted. This survey covered a diverse number of questions related to safety as well as asking that respondents submit their ideas, recommendations and suggestions to help improve their workplace safety program. Results specific to Western State Hospital have been received and a Plan for Improvement will be developed and submitted to the Safety & Executive committee for final approval.

### **Future Planning:**

- Refining and simplifying the debriefing process to provide staff with vital information that will assist with better interventions for staff to use with patients.



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- Additional training is being developed for supervisors regarding how to do a thorough accident investigation so that effective prevention recommendations can be implemented for safer outcomes for both patients and staff. This training will include how the debriefing can help bridge the gap for better prevention recommendations.
- Continued focus from clinical leader to review clinical reports for patients with violent episodes resulting in seclusion or restraint.
- Continued focus on behavioral consultation from Medical Director and expert psychologists to provide consultation to treatment teams for challenging patients.

### **Risk Assessments:**

- An annual Proactive Environmental Risk Assessment has been initiated and is targeted for completion November, 2011 to identify safety and security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.
- The Hazard Vulnerability Analysis (HVA) was reviewed with the Emergency Management Committee in February, 2011 and results used for future Emergency Management response and recovery planning.
- A Capital Programs project was requested, funded and is currently underway for installation of anti-suicide hardware (door handles, closet rods, toilet paper holders, grab bars, mirrors), enclosure to plumbing fixtures hospital-wide.

### **Work Groups:**

- The Safety Manager actively participates in the Region 5 Pierce County Coalition for Healthcare in Emergencies committee to develop regional healthcare response plan during disasters. The Coalition participates in functional drills twice a year to evaluate the effectiveness of the plan.

### **Challenges:**

- Reductions in Return to Work FTE's limit backfilling for mandatory safety training.
- Weighing purchases of safety equipment against purchases for direct care needs.

### **WSH Data Summary**

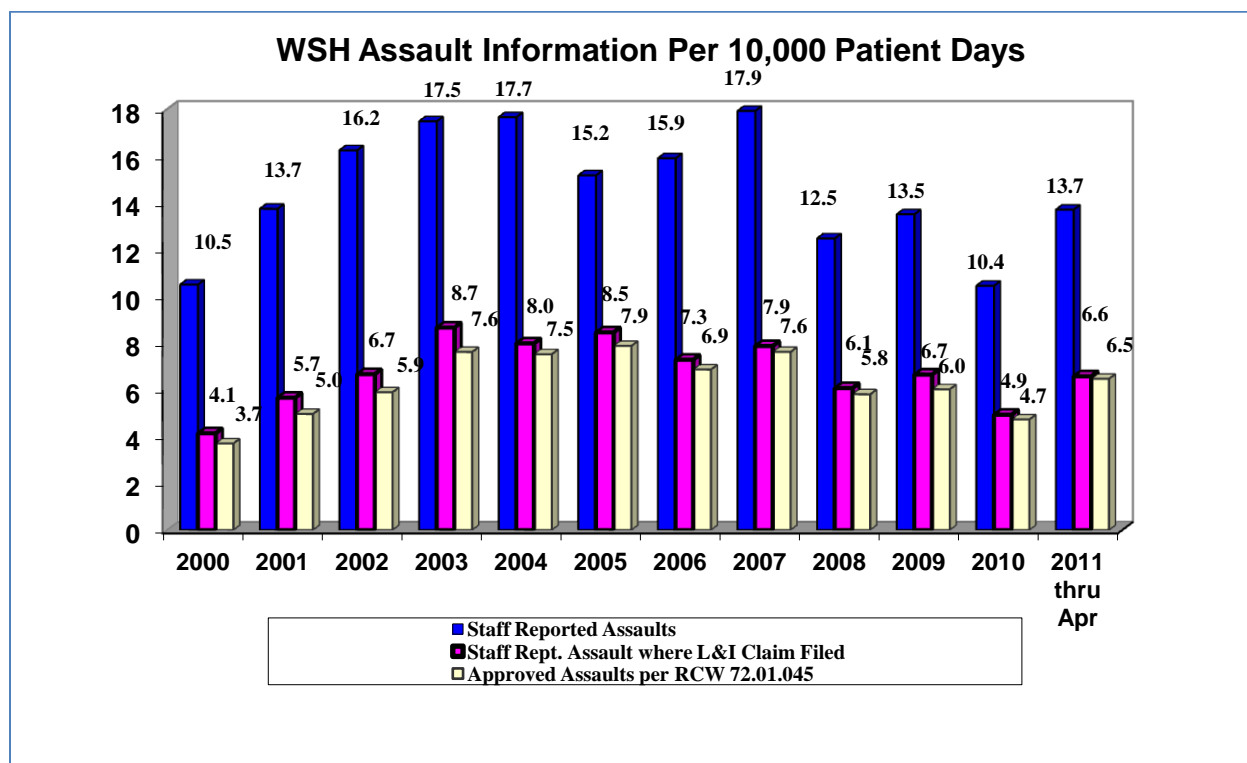
**Staff reported Assault Information** At WSH in 2008, 2009 and 2010, the staff reported assault rate significantly decreased when compared to 2007 (17.9 per 10,000 patient days, down to 12.5, 13.5, and 10.4). When looking at early 2011 data, (through April), the rate of staff reported assaults increased from 2010, but have remained steady when

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compared to 2008 & 2009 (13.7 per 10,000 patient days). The last time these indicators were this low at WSH was in 2001.

In 2008, 2009 and 2010, staff reported assault rates for L&I claims and approved assault claims also significantly decreased when compared to 2007 (7.9 and 7.6 per 10,000 patient days down to 6.1, 6.7, and 4.9 and 5.8, 6.0, and 4.7). When looking at early 2011 data (through April), the assault claims and approved assault claim rates increased from 2010, but remain steady when compared to 2008 and 2009, (6.6 and 6.5) per 10,000 patient days). Again, these indicators have not been this low at WSH since 2001.

These decreases in staff reported assaults and assault claims in 2008, 2009, 2010 and early 2011 are due to a number of programs that were implemented at WSH in late 2007 and continued through present. Some of these programs include: reinstating the SAFE Team, restructuring the Safety Committee, implementing a Return-to-Work program, (Although a RTW program continues, it has been cut due to budget), and utilizing Risk Master to track all safety and claims data in one system.



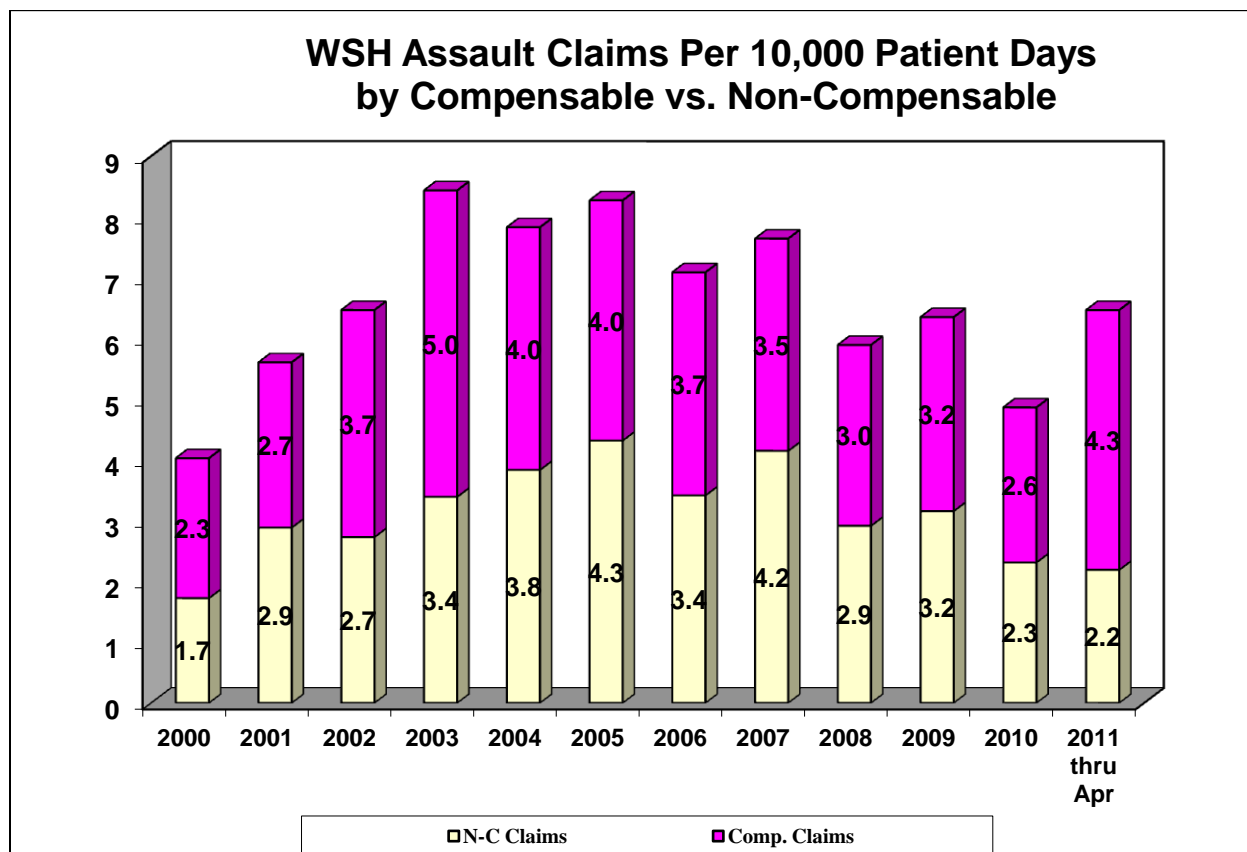
### Compensable vs. Non-Compensable Assault Claims

Measuring the ratio between compensable (payable) and non-compensable claims is important as more non-compensable claims result in lower industrial insurance premiums and is an indicator of injured employees returning to work. Non-compensable

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claims should make up 50% or greater of claims filed. The most direct way to increase non-compensable claims is by having effective Return-to-Work (RTW) and Claims Management Programs. However, safety prevention efforts by an organization can also decrease compensable claims as less serious injuries allow employees to return to work more quickly.

At WSH 2008 and 2009 data indicate that non-compensable assault claims have made up 50% or more of all assault claims since the implementation of the RTW program in July 2007. 2010 and early 2011 data (through April 2011) however, indicate this trend is reverting back to a less favorable ratio.



### Time Loss Days

Time loss days are directly related to frequency and how many claims are compensable verses non-compensable. An effective Safety program reduces the number of claims filed, and an effective Return-to-Work Program directly reduces the number of

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compensable claims by returning employees back to work immediately after an injury negating the need for Labor and Industries to pay time loss.

A compensable claim means time loss (wages) had to be paid to an employee on their claims due to an on-the-job injury. At WSH, 2008 and 2009 data show a dramatic decrease in the rate of the number of days missed from work due to an assault. This is due to the 17 FTE's that were appropriated for a Return-to-Work program during the years 7-1-2007 thru 6-30-2008.

2010 data however, shows an increase in the rate of the number of days missed from work due to an assault when compared to 2008 and 2009 (326.8 and 336.7 days per 10,000 patient days to 351.8).

Early 2011 data shows a dramatic decrease in the rate of the number of days missed from work due to an assault (287.9 per 10,000 pt. days) when compared to 2008, 2009, and 2010. This is due to a combination of factors. First many of the old time loss claims have finally closed and are no longer affecting time loss rates. Secondly, the frequency of assault claims in 2010 saw a dramatic decrease which correlates to less time loss being paid out on claims in 2011.

